Event Date	3-6-14		
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## Statement of Contributions Received at a Social or Fundraising Event

	Prescribed by Se	cretary of State 3/05		
Name of Committee in Full		•	<del></del>	-
Thomas Haves for Judge Commit	tee			
Full Name of Contributor			Registration Number, if PAC	
Sean Boyle, Attorney at Law			1	
Street Address	Employer/Occup	ation/Labor Organization*	M D Y Amount	
336 S. High St.			0 3 0 6 1 4	200.00
City	State	Zip Code	Form(Cash,Check,etc)	
Columbus	O   H	43215	Check	
Full Name of Contributor		•	Registration Number, if PAC	
George Breitmayer, III.				
Street Address	Employer/Occup	ation/Labor Organization*	M D Y Amount	
182 Corbins Mill Dr.			0 3 0 6 1 4	250.00
City	State	Zip Code	Form(Cash,Check,etc)	
	OH	43017	Check	
Full Name of Contributor			Registration Number, if PAC	_
Todd Caudill				
Street Address	Employer/Occup	ation/Labor Organization*	M D Y Amount	
3087 Walkerview Dr.			0 3 0 6 1 4	25.00
City	State	Zip Code	Form(Cash,Check,etc)	
Hilliard	- $0 + H$	43026	Check	
Full Name of Contributor			Registration Number, if PAC	-
George Celizic			· 1	
Street Address	Employer/Occup	ation/Labor Organization*	M D Y Amount	
5270 Bethel Woods Dr.			0 3 0 6 1 4	50.00
City	State	Zip Code	Form(Cash,Check,etc)	
Columbus	<u> </u>	43220	Check	
Full Name of Contributor			Registration Number, if PAC	
Law Office of Tom Charlesworth,	LPA - Tom Cha	ırlesworth		
Street Address	Employer/Occup	ation/Labor Organization*	M D Y Amount	
500 S. Front St., Suite 260			0 3 0 6 1 4	200.00
City	State	Zip Code	Form(Cash,Check,etc)	
Columbus	O   H	43215	Check	
Full Name of Contributor			Registration Number, if PAC	
Phillip Churchill				
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount	
12341 Monkev Hollow Rd.			0 3 0 6 1 4	100.00
City	State Zip Code		Form(Cash,Check,etc)	
Sunbury	O H	43074	Check	
Full Name of Contributor			Registration Number, if PAC	
Mark Collins			1	
Street Address	Employer/Occup	ation/Labor Organization*	M D Y Amount	
492 S. High St.			013 016 114	50.00
City	State	Zip Code	Form(Cash,Check,etc)	
Columbus	OH	43215	Cash	
		,	*	

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event	Total expenditures this event	
		Page Total \$ 875.00

<sup>\*</sup> Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]